Dual Status (CHIPS and Delinquent Youth) in ND Human Service Zone Custody
High Level Summary
Point in Time as of 4/1/2025

Number of Dual Status Youth (CHIPS and Delinquent) in Human Service Zone Custody	
	50 youth
Competent (Y/N)	
Yes	5 known incompetent youth currently served at the zone-level
No	45 remaining youth are considered competent
Delinquent	
Pre-CHIPS	44 charges
Post-CHIPS	131 charges
Unknown at this time	31 charges
Charges	
See additional spreadsheet for listing of charges	50 youth have a combined total of 224 charges 18 of the charges were unspecified 41 different types of charges were noted Many youth have multiple charges Average is 4.5 charges per youth
Number reported on Formal Probation	
	4
Number reported referred to Drug Court	
	0

Identified Gaps	
	Youth Substance Abuse Treatment Services in Communities Dual Status Youth Protocols - alignment to engage both child welfare and Juvenile Court to address deliquency behavior Information sharing - inconsistency around court risk assessments, competency determinations, etc. Judical response and process to youth with delinquent behaviors who are not responsive to probation Level of Intrusion - Parental rights and child best interest DD division role in placement, treatment, services to dual systems youth and continuum of care Youth involved with law enforcement and undergoes field assessment - zones do not have input in the 1-year look back review that is used to assess even if zone is legal custodian Access to placement options that meet the needs of delinquent youth with trained providers and safe settings The fit of therapeutic and community foster homes in the overall service provision to this population of youth. Necessary training, specialization, etc. needed Need for stabilizing placements and expectations at therapeutic levels without premature disruption or discharge for the same reason the child was placed Practice model and case manager training to provide quality case management services Severe lack of common definitions and practice guidelines between systems (child welfare, Juvenile Court, legal, provider, etc.) What is the role of state owned and operated facilities in serving high needs population groups (state hospital, Ruth Meiers, Youth Correctional Center, etc.)? Licensing expectations and consequences for PRTF and QRTP compliance and service delivery that meets the need of the target populations